

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042437

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 546

Registrar's No. 3179

STATE FILE NUMBER

FILED OCT 30 1963

## 1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Overland

Length of stay in 1b

50 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION 10601 Homestead

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St Louis

c. CITY

OR

TOWN Overland

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

10601 Homestead

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Rose

Middle

G.

Last

Soto

4. DATE

OF

DEATH

Month

Oct

Day

14

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/3/01

## 9. AGE (last birthday)

62

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Spain

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Manuel Soto

## 13b. MOTHER'S MAIDEN NAME

Josephine Lopez

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Claude Soto 10601 Homestead Overland Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Carcinoma of the ovaries (Kruckenberg's Tumors).

### INTERVAL BETWEEN ONSET AND DEATH

5-10-63

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

with Metastatic Carcinoma of the stomach.

10-14-63

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

4-7-47

to 10-14-63

and last saw her alive on 10-14-63

Death occurred at

10:50 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

6826 Natural Bridge

## 22c. DATE SIGNED

10-14-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

## 23b. DATE

Oct 17, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Crematory

## 23d. LOCATION (City, town, or county) (State)

St Louis County Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Ortmann F Home 9222 Lackland Overland Mo

## 25. DATE RECD. BY LOCAL REG.

10-16-63

## 26. REGISTRAR'S SIGNATURE

June Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.